

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF February 2015

Date: March 16, 2015

CONTRACTOR: ROAD BUILDERS CORPORATION

ADDRESS: 2836 AWAALOA STREET

City, State ZIP: HONOLULU, HI 96819

Contract No. 63236 ☒

DAGS Job No. 12-20-2666

PROJECT TITLE: HAWAII STATE HOSPITAL ROADWAY IMPROVEMENT PHASE 2

CONTRACT

Basic Contract Amount \$ 1,343,000.00

CHANGE ORDERS

Total \$ 5,825.00

Adjusted Contract Amount \$ 1,348,825.00

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER

☒ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☒ PROJECT SCHEDULE

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST

☒ PROJECT NAME AND LOCATION

☒ CONTRACT NUMBER

☐ AS NEED - WASTE REDUCTION PROGRESS REPORT

☐ ALL SIGNATURES

SPECIALTY / MISC:

☐ AIR CONDITION ACCEPTANCE

☐ PAINT ACCEPTANCE

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date 99.07% \$ 1,330,546.00 100.00% \$ 5,825.00 ~ \$ 1,336,371.00

Retained **REDUCED** ☐ \$ 69,827.00 \$ 291.00 \$ 70,118.00

Amount Subject to Payment \$ 1,260,719.00 \$ 5,534.00 \$ 1,266,253.00

Payments to Date \$ 989,731.00 \$ 5,534.00 \$ 995,265.00

Payments Now Due \$ 270,988.00 \$ - \$ 270,988.00

Payment No. ☐ **2**

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..

FOR OFFICE USE ONLY

☐ Project Acceptance Date

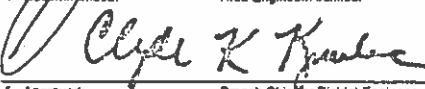
☐ Project Completion Date

2 I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request, and least 80% of our workforce resides in Hawaii. ☒ As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by:

 MAR 18 2015
3. Recommended: Project Inspector or Engineer Date

 MAR 18 2015
4. Recommended: Area Engineer/Architect Date

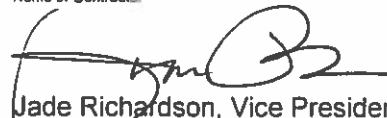
 MAR 18 2015
5. Approved: Branch Chief for District Engineer Date

The Public Works Administrator certifies that change orders have been issued and the work performed

 MAR 18 2015
State Public Works Administrator Date

Road Builders Corporation

Name of Contractor

 3/16/15
Jade Richardson, Vice President Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: February 2015

CONTRACTOR:	ROAD BUILDERS CORPORATION	Contract No.: 63236
PROJECT TITLE:	HAWAII STATE HOSPITAL ROADWAY IMPROVEMENT P	DAGS Job No.: 12-20-2666

CLOSED			LICENSE	BASIC CONTRACT	COMPL.	%	RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	CMPL	%	AMOUNT
								RETAINED
	ROAD BUILDERS CORPORA	General Contractor	AC-14126	\$1,269,344	\$1,264,515	99.62%	5%	\$63,225

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL TO DATE	% CMPL	RETN %	SUB- CONTRACT AMOUNT RETAINED
	Apply-A-Line	Striping	C-18695	\$30,500	\$22,875	75.00%	10%	\$2,287
	Jack Endo Electric, Inc.	Electrical	AC-155	\$12,800	\$12,800	100.00%	10%	\$1,280
	Structural Pest Control	Herbicide	PC-489	\$1,546	\$1,546	100.00%	10%	\$154
	CK Construction	Concrete	ABC-28806	\$28,810	\$28,810	100.00%	10%	\$2,881
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs			\$73,656	\$66,031			\$6,602 B

	\$1,343,000	\$1,330,546
--	-------------	-------------

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$69,827
------------------------------------------------------------	-----------------

I certify that the above retentions are correct for this request.

Road Builders Corporation

Name of Contractor

Wade Richardson, Vice President

By Signature

3/11/15

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: February 2015

CONTRACTOR: ROAD BUILDERS CORPORATION
PROJECT TITLE: HAWAII STATE HOSPITAL ROADWAY IMPROVEMENT

Contract No.: 63236
DAGS Job No.: 12-20-2666

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER AMOUNT RETAINED
	Road Builders Corporation		AC-14126	\$5,825	\$5,825	100.00%	5%	\$291

[illegible]

	\$5,825	\$5,825
--	---------	---------

CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$291
------------------------------------------------------------	-------

I certify that the above retentions are correct for this request.

Road Builders Corporation

Name of Contractor

Jade Richardson, Vice President

By Signature

Date _____

3/11/15

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 2

PROJECT TITLE: HAWAII STATE HOSPITAL - ROADWAY IMPROVEMENTS, PHASE II

BILLING MONTH: February-15

DAGS JOB NO.: 1 2-20-2666

CONTRACT NO.: 63236

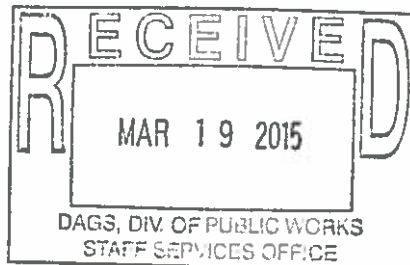
CONTRACTOR: ROAD BUILDERS CORPORATION

VENDOR CODE: 20548500

Original Contract Payment		Suffix: 1			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M		\$287,292.00	\$16,304.00	\$270,988.00
		Totals:	\$287,292.00	\$16,304.00	\$270,988.00

Change Order Payment		Suffix: 2			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B11-406M		\$0.00	\$0.00	\$0.00
		Totals:			

Grand Total:			\$287,292.00	\$16,304.00	\$270,988.00
---------------------	--	--	--------------	-------------	--------------



Verified By *Y Xu* 03/19/15
DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 20548500

Cost Code 3A1

Voucher No. 3233N37

Verified By *pr* *gn*

MAR 23 2015